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APPLICANTS

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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

FRANCE 97/01574 02/11/1997

FRANCE 97/09587 07/28/1997

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 9	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS

35811

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TITLE

MAMMAL NEURONAL ACID SENSING CATIONIC CHANNEL, CLONING AND APPLICATIONS THEREOF.

☐ All Fees☐ 1.16 Fees (Filing)

<p>FILING FEE</p> <p>RECEIVED</p> <p>1032</p>	<p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>No. _____ for following:</p>	<table border="1"><tr><td><input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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